

RECOMMENDATION TO CHANGE/UPDATE OTAG ADMINISTRATION MANUAL (OAM)	TO: CAJS-DA	FROM:
	PHONE NUMBER:	DATE:
TITLE OF PAGE: _____ PAGE NUMBER: _____ <input type="checkbox"/> CURRENT <input type="checkbox"/> OBSOLETE OR RESCINDED <input type="checkbox"/> REQUIRES REVISION <input type="checkbox"/> REQUIRES CHANGE		
REMARKS: (Describe any recommended changes or updates below, or attach example) <div style="border: 1px solid black; height: 500px; width: 100%;"></div>		
DATE SIGNED	SIGNATURE	
TITLE	TYPED OR PRINTED NAME AND RANK	